MIPS

PI Guide

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Physical Medicine and Rehabilitation

Promoting Interoperability (PI) Guide

The Promoting Interoperability (PI) performance category of the Merit-Based Incentive Payment System (MIPS) emphasizes the electronic exchange of information using certified electronic health record technology (CEHRT) to improve patient access to their health information; the exchange of information between healthcare providers; and the systemic collection, analysis, and interpretation of healthcare data. CEHRT refers to technology that meets criteria to be certified under the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. CEHRT requirements for the MIPS Promoting Interoperability performance category can change each year. To learn which EHR systems and modules are certified for the MIPS Promoting Interoperability performance category, visit the Certified Health IT Product List (CHPL) on the ONC website.

PI generally makes up 25% of the total MIPS final score. However, there are specific circumstances where clinicians are not required to report this category. In the following instances, CMS will generally[1] shift the weight of the PI performance category to the Quality category, unless the clinician or group chooses to submit PI data:

- **Hospital-based clinicians:** Clinicians who furnish 75% or more of their covered professional services in sites identified by Place of Service (POS) codes 21 (inpatient hospital), 22 (outpatient on-campus hospital), 19 (outpatient off-campus hospital) or 23 (emergency room), and who do not submit PI data, are automatically eligible for reweighting of the PI category. If you are participating in MIPS at the group level, then more than 75% of the clinicians in your TIN must meet this definition for the group, as a whole, to be considered hospital-based and eligible for the re-weighting of this category.

- **Ambulatory Surgical Center (ASC)-based clinicians:** Clinicians who furnish 75% or more of their covered professional services in sites identified by Place of Service (POS) codes 24 (ASC) and who do not report under the PI performance category are automatically eligible for reweighting of the PI category. If you are participating in MIPS at the group level, then 100% of the clinicians in your TIN must meet this definition or qualify for another exemption (e.g., a hardship exception).

- **Clinicians in small practices:** Clinicians in small practices (practices with 15 or fewer eligible clinicians) are automatically eligible for reweighting of the PI category. Previously, reweighting for clinicians in small practices required the submission of an application.

- **Hardship exemptions:** Clinicians who are approved for a MIPS Promoting Interoperability category hardship exception – which may be based on insufficient Internet connectivity; extreme and uncontrollable circumstances; lack of control over certified EHR technology; or decertified EHR technology – will have their PI performance category weight reweighted to 0%. To qualify for an exemption based on one of these hardships, MIPS eligible clinicians must apply for CMS to reweighting.

How to Report PI for 2024

To receive credit for the PI performance category for the 2024 performance year, MIPS eligible clinicians and groups must satisfy each of the following requirements:

- Use EHR technology certified by ONC to meet the certification criteria in 45 CFR 170.315;

- Provide your EHR's CMS identification code from the CHPL;

- Submit performance data for the required measures in each objective (unless an exclusion is claimed) for the performance period; and

- Complete the required, but unscored, attestation statements.

These requirements apply regardless of whether you are participating in traditional MIPS or through a MIPS Value Pathways (MVP).

MIPS eligible clinicians and groups must collect data for all required PI measures (unless you can claim an exclusion) over the same performance period. ***Note that for 2024, CMS increased the***

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[1]   For clinicians in small practices who qualify for automatic reweighting of the Promoting Interoperability performance category to 0%, a portion of that category's weight is redistributed to the Improvement Activity category and a portion to the Quality category, resulting in the following weights: Quality: 40%; Cost: 30%; IA: 30%.

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performance period for this category to a minimum of 180 consecutive days within the calendar year, versus 90 days in 2023. For group reporting, all MIPS eligible clinicians within the group must report on the required measures during the same 180-day period.

If participating in MIPS as a group, the group is only required to submit data from their MIPS eligible clinicians for this category. The group must aggregate measure data for all MIPS eligible clinicians with data in their CEHRT, *including anyone who qualifies for reweighting as individual*. To qualify for an exclusion from any measure, the group must meet the requirements of the exclusion as a group. Additionally, if the group has several EHRs and not all are certified, the group is only required to submit data collected in its CEHRT.

How is PI Scored in 2024

To receive credit for this category, MIPS eligible clinicians or groups must meet all of the following minimum requirements:

• Report a complete numerator and denominator for all mandatory measures (or claim an exclusion) or attest to meeting the measure, as applicable;

• Attest "yes" to completing a Security Risk Analysis;

• Attest "yes" to the Office of the National Coordinator (ONC) Direct Review Attestation;

• Attest "yes" to Actions to Limit or Restrict Interoperability of CEHRT statement;

• Attest "yes" to completing a Safety Assurance Factors for EHR Resilience (SAFER) Guides self-assessment (note that a "no" will no longer satisfy this measure).

Failure to meet any of these minimum requirements will result in a score of zero for the entire PI performance category.

Required PI objectives and measures for 2024 are included in Table 1 below, along with each measure's maximum available points.

TABLE 1: SCORING METHODOLOGY FOR THE MIPS PERFORMANCE PERIOD IN 2024		
OBJECTIVES	**MEASURES**	**MAXIMUM POINTS**
Electronic Prescribing	e-Prescribing*°	1-10 points
	Query of Prescription Drug Monitoring Program (PDMP)*°^	10 points
Health Information Exchange (HIE) *Note that only one option is required under this objective*	Option 1: • Support e-Referral Loops by Sending Health Information*° • Support e-Referral Loops by Receiving and Reconciling Health Information*°	1-15 points
	Option 2: HIE Bi-Directional Exchange*^	30 points
	Option 3: Enabling Exchange under Trusted Exchange Framework and Common Agreement (TEFCA)*^	30 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information*	1-25 points
Public Health and Clinical Data Exchange	Report the following 2 measures:*°^ • Immunization Registry Reporting • Electronic Case Reporting	25 points
	Report any one of the following measures: ^ • Public Health Registry Reporting; OR • Clinical Data Registry Reporting; OR • Syndromic Surveillance Reporting	*5 bonus points*

* Required

° Exclusion available.

^ "Yes" response required to receive credit on this measure, rather than a numerator or denominator.

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For the Public Health and Clinical Data Exchange objective:

- Clinicians must submit a "yes" response for the Immunization Registry Reporting and the Electronic Case Reporting measures, or claim an exclusion for one or both measures, to earn the maximum 25 points. Failure to do so or submitting a "no" response for a measure will earn a score of zero.

- If an exclusion is claimed for one measure, but a "yes" response is submitted for another measure, the clinician would earn the 25 points for the objective. If a clinician claims exclusions for both measures under this objective, the 25 points will be redistributed to the Provide Patients Electronic Access to Their Health Information measure.

In general, each measure listed above will be scored based on the MIPS eligible clinician's performance for that measure, which is based on the submission of a numerator and denominator, or a "yes" or "no" submission, where applicable. The scores for each of the individual measures will be added together to calculate a final category score of up to 100 possible points. If exclusions are claimed, the points for measures will be reallocated to other measures. Additionally, 5 bonus points may be earned for optional registry or surveillance reporting.

Where Can I Find Additional Information?

Additional information about the PI category can be found here, as well as through the QPP Resource Library.